MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10775

10776 **CERTIFICATE OF DEATH** Reg. Dist. No. 251

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) E. (Last) EMBERT
4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 17, 1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ~~Domestic~~ Own home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Lee
14. MOTHER'S MAIDEN NAME: Mary Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: John Embert - Rural Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

174 X

Immediate cause (a) Carcinoma of uterus

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis to liver

DUE TO

(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Nov 25, 1954, that I last saw the deceased alive on Nov 27, 1954, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Wheatley M.D. ADDRESS Fairmount DATE SIGNED 11/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 1, 1954
NAME OF CEMETERY OR CREMATORY St. Georges Cem.
LOCATION (City, town, or county) St Georges (State) Del.

DATE REC'D BY LOCAL REGISTRAR 11-30
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows - ADDRESS Millington, Md.

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DEC 6 1954
BUREAU V. S.

10777 MARYLAND STATE DEPARTMENT OF HEALTH 10776

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 9, Film G175, 12/23/54 reg

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A (Last) Hollingsworth

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: May 13 1902

9. AGE last birthday: ~~54~~ 52 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Rd Comm employee

10b. KIND OF BUSINESS OR INDUSTRY: Weighing truck

11. BIRTHPLACE (State or foreign country): near Centreville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo. A. Hollingsworth

14. MOTHER'S MAIDEN NAME: Margaret Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 222-18-9032

17. INFORMANT AND ADDRESS: Mildred Hollingsworth (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suicide — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14 1954 9 a. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot himself with a shotgun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. Henry Fisher M.D — Deputy Med Exam for Q.A. Co. Md — ADDRESS Centreville Md — DATE SIGNED 11/15/54

23. BURIAL CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF Nov 16-54 — NAME OF CEMETERY OR CREMATORY Chesterfield — LOCATION (City, town, or county) Centreville — (State) Md

DATE REC'D BY LOCAL REG. 11/16/54 — REGISTRAR'S SIGNATURE Elsie Armstrong — 24. FUNERAL DIRECTOR Evan L. Lane — ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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10778

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10777 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Starkeys Corner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chester Penna. 75X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Chas (Middle) Wesley (Last) Inman
4. DATE OF DEATH (Month) Nov. (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Divorced
8. DATE OF BIRTH: Jan 17-1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chas. Inman
14. MOTHER'S MAIDEN NAME: Martha Emma Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War 1
16. SOCIAL SECURITY No.: 195-05-8292
17. INFORMANT & ADDRESS: Murrill Inman 1546 Weber Drive Linwood Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 822X

Immediate cause (a) Auto accident — his car overturned

DUE TO

Antecedent cause(s) (b) + crushed his chest —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION: 17
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State highway
21c. (City or town) near Starkeys Corner (County) 2 a (State) Md

21d. TIME OF INJURY (Month) 11 (Day) 13 (Year) 54 (Hour) 4:45 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Auto accident — Car overturned —

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Henry Fischer M.D. Deputy Med Examiner for 2 a.c.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 16, 1954
NAME OF CEMETERY OR ~~CREMATORY~~ Media Cemetery
LOCATION (City, town, or county) (State) Media, Penna.

DATE REC'D BY LOCAL REG. 11-14-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Burton Bros. Centreville, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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NOV 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10778

10779 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrows Md — LENGTH OF STAY (In this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Barrows
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) J (Last) Morris
4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 19 54
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify)
8. DATE OF BIRTH 1896
9. AGE last birthday 58 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster Shucker
10b. KIND OF BUSINESS OR INDUSTRY Oyster Packer
11. BIRTHPLACE (State or foreign country) Sumter S. C.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME ? — Tillery
14. MOTHER'S MAIDEN NAME Dont Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 219-07-5508
17. INFORMANT AND ADDRESS Herman Morris (Husband) Grasonville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion (Found dead) —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Henry Fisher M.D. Deputy Med. Exam for Q.A.Co Md — Centreville Md — 11/4-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11-5-1954 — NAME OF CEMETERY OR ~~CREMATORY~~ Grasonville — LOCATION (City, town, or county) (State) Grasonville Maryland

DATE REC'D BY LOCAL REG. 11-4-54 — REGISTRAR'S SIGNATURE Helen M. Eldridge — 24. FUNERAL DIRECTOR — ADDRESS Baxter Rice Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

10779

10780 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville — LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James — (Middle) — (Last) Samuels

4. DATE OF DEATH: (Month) Nov — (Day) 5 — (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: July 1-1892

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day labor.

11. BIRTHPLACE (State or foreign country): Cecil Co Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James Samuels

14. MOTHER'S MAIDEN NAME: Eliz. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): World war I

16. SOCIAL SECURITY NO.: 215-26-4854

17. INFORMANT AND ADDRESS: Wm McKinley - Newport Del - Bro.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title): W. Henry Fisher M.D. Deputy Med Exam for 2a Co md — ADDRESS: Centreville md — DATE SIGNED: 11/8-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 8 1954 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG. 11-8-54 — REGISTRAR'S SIGNATURE: Elsie Armstrong — 24. FUNERAL DIRECTOR — ADDRESS: Baxter Bro Centreville Md

RECEIVE
NOV 16 19
BUREAU V. S

10781

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10781 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEE (Middle) FELTON (Last) SMITH

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1954

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Nov. 21, 1878 — 9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Emory Smith — 14. MOTHER'S MAIDEN NAME: Susan R. Rutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 212-26-4476A — 17. INFORMANT & ADDRESS: Mrs. Mary E. Smith, Sudlersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Cardiac Dilatation — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — DUE TO

(c) Coronary Sclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Arterial Sclerosis

19a. DATE OF OPERATION: W — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) W — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) W m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 20, 1954, that I last saw the deceased alive on Nov 22, 1954, and that death occurred at 12:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) C M Ufferman M.D. — ADDRESS Sudlersville Md. — DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 24, 1954 — NAME OF CEMETERY OR CREMATORY Sudlersville Cem. — LOCATION (City, town, or county) (State) Sudlersville Q.A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11-25 — REGISTRAR'S SIGNATURE Edgar L. Lane — 24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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